FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per response 16.00

SEC USE ONLY							
Prefix Serial							
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D/	DATE RECEIVED						
		<u>.</u> .					

Type of Filing: New Filing		☐ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE	_
	g					_ _
		BASIC IDENTIFICA	ATION DATA			_
•	bout the issuer his is an amendment and na	me has changed, and in	dicate change.)		07077189	-
Syntax-Brillian Corporation						_
Address of Executive Offices 1600 No. Desert Drive, Tempe, A		Number and Street, Ci	ty, State, Zip Code)	Telephone Number (a. (602) 389-8888	iciading Area Code)	
Address of Principal Business Ope (if different from Executive Office		Number and Street, Ci	ty, State, Zip Code)	Telephone Number (In Same	ncluding Area Code)	
Brief Description of Business						
Manufacturer of electronics.						
Type of Business Organization						
□ corporation	☐ limited partners	ship, already formed	Other (pleas	e specify)	PPCC-	
☐ business trust	☐ limited partners	ship, to be formed			THUCESSED	
	М	onth Year			SEP 1 4 2003	
Actual or Estimated Date of Incorpo	ration or Organization: 0	5 0 3	X Actual	□ Estimated Ď	THOMAS	
Jurisdiction of Incomposition or Oras	nization (Enter two-letter U	.S. Postal Service abbr	/ Clum	Estimated	FINANCIA	
Actual or Estimated Date of Incorpo	mation or Organization:	onth Year 5 0 3		Estimated DE	SEP 1 4 2007 THOMSON FINANCIAL	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filled with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

		<u>. </u>										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)												
Solitto, Jr., Vincent F.												
Business or Residence Address (Number and Street, City, State, Zip Code)												
1600 No. Desert Drive, Temp	e, AZ 85281											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)												
Pratt, Wayne A.												
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)										
4444												
1600 No. Desert Drive, Temp		☐ Beneficial Owner	FI F	⊠ D:4								
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if	individual)											
Chavoustie, David P.	· Olimba and Or											
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)										
1600 No. Desert Drive, Temp	ne. AZ. 85281											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or							
Full Name (Last name first, if					Managing Partner							
Hodgson, John S. Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)										
1600 No. Desert Drive, Temp				= -								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if	individual)											
Li, James Ching Hua					····							
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)										
1600 No. Desert Drive, Temp	oe, AZ 85281											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if	individual)											
Chow, Man Kit												
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)										
1600 No. Desert Drive, Temp	oe, AZ 85281			···-								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if	individual)											
Liu, Christopher C.L.												
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)										
1600 No. Desert Drive, Temp	oe, AZ 85281											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if	individual)											
Chikagami, Yasushi												
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)										
1600 No. Desert Drive, Temp		Contract of the Contract of th	1200-1-000									
	(U	se plank sneet, or copy and us	se additional copies of this shee	L as necessary.)								

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				taimingting t dithiel
Cheng, Shih-Jye					
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)		*·	
1600 No. Desert Drive, Temp	pe. AZ 85281				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Fang, Max					
Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)		. <u></u>	
1600 No. Desert Drive, Temp	ne. AZ 85281				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				The state of the s
Chan, Michael	·			··	
Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)			
1600 No. Desert Drive, Temp	pe, AZ 85281				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				-
Melcher, Robert L.					
Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)			
1600 No. Desert Drive, Tem					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Stre	cet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if	individual)				Managing Partner
	,				
Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if	individual)	······································			Managing Partner
			·	<u> </u>	
Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	`individual)				Managing Partner
Business or Residence Addres	ss (Number and Str	cet. City. State. Zin Code)			
Pasificas of Mesidence Addies	ought and some	ou, ony, onno, zip cone)			
		See blank sheet, or conv and w	se additional conies of this shee	et ac perecenu l	

			· 	B.	INFORMA	TION ABO	JT OFFERI	NG				
		1		1. 4				· .			Yes	No
1. Has the	issuer sold,	or does the						_	••••••			⊠
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										. \$ <u>N</u> o	ino	
2. The is no managin in resultent that win be accepted from any management.										. <u>• 140</u> Yes	No	
3. Does th	e offering p	ermit joint o	ownership of	f a single un	it?		,,	*************				
4. Enter th	4. Enter the information required for each person who has been or will be paid or given, directly or indirectly, any commission											
or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name												
					ealer register to be listed a							
			at broker or			are associate	o persons c	a saem a sic	inci oi douit	n, you may		
Full Name (L	ast name firs	t, if individua	n								<u> </u>	
•		,	,		NO	T . DDI .C.	51 F					
Business or F	Residence Ad	dress (Numbe	er and Street,	City, State, Z		<u>T APPLICA</u>	BLE					
		`		•								
Name of Ass	ociated Brok	er or Dealer										
States in Wh	ich Person Li	sted Has Solid	cited or Intend	ls to Solicit P	urchasers	····-		-·				
(Check "Al	l States" or cl	heck individu	al States)		***************************************		,			***************************************	••••••	🗖 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] (OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[da]	[ארן	[TX]	[ບາງ	[vr]	[VA]	[WA]	[WV]	įwij	[WY]	[PR]
Full Name (L	ast name firs	t, if individua	ıl)		·····			· · · · · · · · · · · · · · · · · · ·				
												
Business or F	Residence Ad	dress (Numbe	er and Street,	City, State, Z	ip Code)							
Name of Ass	ociated Broke	er or Dealer					 ,-	 -	 			
Ctatan in W/h	iah Dawaa 1 i	atad Has Call	cited or Intend	la 4 - C - 1: -i4 D								
					urcnasers							All States
(AL)	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	[Ht]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[VI] [TX]	[NM] [UT]	(NY) [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	{PA] [PR]
Full Name (I	ast name firs	t, if individua	ال)						<u>.</u>			
Business or F	Residence Ad	dress (Numbe	er and Street,	City, State, Z	ip Code)			_				
Name of Ass	ociated Broke	er or Dealer		_			<u></u>	·				
States in Whi												
•			al States)									All States
[AL] {!L}	[AK] [IN]	[AZ] {lA}	[AR] [KS]	[CA] {KY}	[CO] [LA]	[CT] {ME}	[DE] {MD}	[DC] [MA]	[FL] [MI]	[GA] {MN}	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	(NJ)	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
ſRΠ	[SC]	[SD]	[TN]	[TX]	ເບກ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1,	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this be and indicate in the columns below the amounts of the securities offered for exchange and alread exchanged.	x			
	Type of Security	Aggreg Offering		A	Amount Already Sold
	Debt	s		s	
	Equity	\$ 20,000,000		\$ <u>_2</u>	0.000.000
	☑ Common ☐ Preferred				
	Convertible Securities (including Warrants)	\$		S	
	Partnership Interests	\$		\$	
	Other (Specify)	s		\$	
	Total	\$ <u>20,000,000</u>		\$ <u>_2</u>	0,000,000
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in th	is			
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te			Aggregate
	Accredited Investors		Number Investors		Dollar Amount of Purchases
	Non-accredited Investors		<u>-0-</u>		<u>-0-</u>
	Total (for filings under Rule 504 only)	***************************************	N/A	. 4	<u> </u>
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	st	ype of		Dollar Amount
	Type of offering		ecurity		Sold
	Rule 505	<u></u>	N/A	. :	SN/A
	Regulation A		N/A		SN/A
	Rule 504		N/A		S N/A
	Total		N/A	. :	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	e ot	E	<u> </u>	\$
	Printing and Engraving Costs			3	\$
	Legal Fees				\$ 15,000
	Accounting Fees			3	\$
	Engineering Fees				\$
	Sales Commissions (specify finders' fees separately)				\$
	Other Expenses (identify)				\$
	Total		-		\$ 15,000
				_	¥ <u>IDIVOV</u>

	 b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to I the "adjusted gross proceeds to the issuer." 	Part C - Question 4.a. This	differe	ence is				
	,· & 						\$ <u>19,985,000</u>	
5.	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response.	or any purpose is not known ne total of the payments liste	n, furn d must	ish an equal				
					layments to Officers, Directors & Affiliates		Payments to Others	
	Salaries and Fees			\$	0		\$0	
	Purchase of real estate			\$	0		\$	
	Purchase, rental or leasing and installation of machinery an	• •		s	0		S <u>-0-</u>	
	Construction or lease of plant buildings and facilities			\$ _	-0-		\$ <u> -0- </u>	
	Acquisition of other businesses (including the value of secu offering that may be used in exchange for the assets or secu issuer pursuant to a merger) Repayment of indebtedness	urities of another	0	\$ \$ \$	-0-		\$ <u>-0-</u> \$ <u>0-</u> \$ <u>19,985,000</u>	
			О	s			S	
	Column Totals		×	s	-0-	_	\$ 19,985,000	
	Total Payments Listed (column totals added)				⊠ \$ <u>19,9</u>	<u> </u>		_
	D. FF	EDERAL SIGNATURE			·	····		 -
	D. P.	WASHINGTON OF THE PROPERTY OF						
signature	ter has duly caused this notice to be signed by the undersi- e constitutes an undertaking by the issuer to furnish to the ion furnished by the issuer to any non-accredited investor pu	e U.S. Securities and Excha	inge C	ommis	tice is filed u sion, upon w	nder Ru ritten re	le 505, the follow quest of its staff,	wing the
Issuer	(Print or Type)	Signature	Th.	-			Date	
Syntax	c-Brillian Corporation		att	-			9-05-	٥7
Name	of Signer (Print or Type)	Title of Signer Print or Ty	pe)				<u> </u>	
Wayn	e A. Pratt	Chief Financial Officer						
Synta: Name	of Signer (Print or Type)	Title of Signer Print or Ty	pe)	-				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)